



**Building Inspection Department**  
 100 North Court Street  
 Georgetown, KY 40324  
 Phone: (502) 863-9802 Fax: (502) 863-4169

**Permit Application Form**

**Permit Number**

☐ City ☐ County

**HVAC Application for Multi-Family Dwellings**

|                           |   |            |                  |                                 |  |
|---------------------------|---|------------|------------------|---------------------------------|--|
| <b>Job Site Location</b>  |   |            |                  | <b>Related Bldg. Permit No.</b> |  |
| <b>Bldg. Owner</b>        |   |            | <b>Phone</b>     |                                 |  |
| <b>HVAC Contractor</b>    |   |            | <b>License #</b> |                                 |  |
| <b>Address</b>            |   |            |                  |                                 |  |
| <b>Phone</b>              |   | <b>Fax</b> |                  | <b>Email</b>                    |  |
| <b>Supervisor</b>         |   |            | <b>License #</b> |                                 |  |
| <b>Application Detail</b> |   |            |                  |                                 |  |
| <b>Installation Type</b>  | <input type="checkbox"/> New Construction -- Number of Units: ____ <input type="checkbox"/> Existing Unit Change-out -- Number of Units: ____ |            |                  |                                 |  |
| <b>Equipment Type</b>     | <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OIL <input type="checkbox"/> GEOTHERMAL               |            |                  |                                 |  |

**DESCRIBE PROPOSED INSTALLATION:**

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**Cost of Construction / Installation**

\$

**HVAC PERMIT FEES:**

**First System \$75.00**

**\$75.00**

**Additional System(s) \$25.00**

**TOTAL FEE**

**\$**

Note; The Georgetown /Scott County Building Department is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete the installation, it shall be your responsibility to notify the Department immediately.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                  |  |                      |     |                |  |                    |  |
|------------------|--|----------------------|-----|----------------|--|--------------------|--|
| <b>Receipt #</b> |  | <b>Date Received</b> | / / | <b>Check #</b> |  | <b>Received By</b> |  |
|------------------|--|----------------------|-----|----------------|--|--------------------|--|



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**AFFIDAVIT OF ASSURANCES\***  
**PURSUANT TO KRS 198B.060 (10)**

Comes the Applicant; \_\_\_\_\_, and states, pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Worker's Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

THIS the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Contractor, Owner or Owner's Agent

SUBSCRIBED AND SWORN to before me by \_\_\_\_\_

Applicant, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State At Large

My commission Expires: \_\_\_\_\_

\* ( ) The Affidavit of Assurances is not required if the local building code official was presented the assurances upon issuance of the local building permit.



**Inspections** – I am aware of the required inspections and the applicant's responsibility to schedule those inspections.

\_\_\_\_\_  
Signature of Applicant